# Complete Summary

## TITLE

Colon cancer: percent of patients receiving timely colorectal cancer screening (NEXUS clinics cohort).

## SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## Brief Abstract

## DESCRIPTION

This measure assesses the percent of patients receiving timely colorectal cancer screening.

## RATIONALE

US Prevention Services Task Force (USPSTF) (2002): Colorectal cancer is the fourth most common cancer in the United States and the second leading cause of cancer death. A person at age 50 has about a 5 percent lifetime risk of being diagnosed with colorectal cancer and a 2.5 percent chance of dying from it; the average patient dying of colorectal cancer loses 13 years of life.

The USPSTF strongly recommends that clinicians screen men and women 50 years of age or older for colorectal cancer. The USPSTF found fair to good evidence that several screening methods are effective in reducing mortality from colorectal cancer. The USPSTF concluded that the benefits from screening substantially outweigh potential harms, but the quality of evidence, magnitude of benefit, and potential harms vary with each method. The USPSTF found good evidence that periodic fecal occult blood testing (FOBT) reduces mortality from colorectal cancer and fair evidence that sigmoidoscopy alone or in combination with FOBT reduces mortality. The USPSTF did not find direct evidence that screening colonoscopy is effective in reducing colorectal cancer mortality; efficacy of colonoscopy is supported by its integral role in trials of FOBT, extrapolation from sigmoidoscopy studies, limited case-control evidence, and the ability of colonoscopy to inspect the proximal colon. Double-contrast barium enema offers an alternative means of whole-bowel examination, but it is less sensitive than colonoscopy, and there is no direct evidence that it is effective in reducing mortality rates. The USPSTF found insufficient evidence that newer screening technologies (for example, computed tomographic colography) are effective in improving health outcomes.

PRIMARY CLINICAL COMPONENT

Colorectal cancer; screening; fecal occult blood test (FOBT); sigmoidoscopy; colonoscopy

DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinics cohort who are at least 52 years of age but no more than 80 years of age (age greater than 51 and less than 81) at the time of the qualifying visit (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator receiving timely colorectal cancer screening (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Screening for colorectal cancer: recommendations and rationale.

## Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core

measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

## Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than 51 years and less than 81 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

## Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinics cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Patients from the NEXUS Clinics cohort who are at least 52 years of age but no more than 80 years of age (age greater than 51 and less than 81) at the time of the qualifying visit*

*Eligible Patients: NEXUS Clinics sampling cohort (refer to the original measure documentation for patient cohort description and sampling size strategy) AND at least 52 years of age but no more than 80 years of age at the time of the qualifying visit. US Prevention Services Task Force (USPSTF) recommends screening at age 50; the performance measure begins at age 52 to see if they have been screened AND NOT terminal (see Exclusions below).

### Exclusions

Patients who are terminal as indicated by:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
- Documented in the medical record to have a life expectancy less than 6 months

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

The number of patients from the denominator receiving timely colorectal cancer screening*

*Note:

Timely Colorectal Cancer Screening: Any of the following:

- Fecal occult blood test (FOBT); must be series of 3 samples. If less than 3 cards are submitted, if one is positive it is accepted as adequate for screen. FOBT is 12-month interval.
- Sigmoidoscopy (either flex or rigid): 5-year interval (although not recommended as a screening test, a double-contrast barium enema will be accepted if performed for reasons other than screening)
- Colonoscopy: 10-year interval

If test was done in the Veterans Affairs Medical Center (VAMC), test results must be documented in the medical record or lab package. Where the returned FOBT cards are developed within the facility and results determined is not a factor for compliance in this measure (e.g., whether done in ambulatory care as waived testing, satellite lab, main lab, etc). The critical data element is the documentation of the three results in the medical record or lab package. Facilities are encouraged to record results in the lab package regardless of where results are determined.

If done in the private sector or another VAMC, there is documentation indicating a test was accomplished and the result recorded (e.g., normal, negative, positive). The date is documented closely enough to be able to determine if the test was accomplished within the acceptable time interval.

### Exclusions

FOBT: One sample (negative or positive) from digital rectal exam is not accepted as an adequate screen for colorectal cancer screening purposes for this measure.

## DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data
Laboratory data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2005 targets for colorectal cancer screening (NEXUS Clinics):

- Facility Floor: 62%
- Meets Target: 72%
- Exceeds Target: 75%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Colon cancer screening.

### MEASURE COLLECTION

Fiscal Year (FY) 2005: Veterans Health Administration (VHA) Performance Measurement System

### MEASURE SET NAME

Cancer

### DEVELOPER

Veterans Health Administration

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2001 Nov

### REVISION DATE

2005 Mar

### MEASURE STATUS

This is the current release of the measure.

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Colon cancer screening. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8.

## SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## MEASURE AVAILABILITY

The individual measure, "Colon Cancer Screening," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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## NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002. This NQMC summary was updated by ECRI on December 7, 2004. The information was verified by the measure developer on December 10, 2004.

## COPYRIGHT STATEMENT



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